EXHIBIT D
AP I-9

CONTRA COSTA WATER DISTRICT

BUSINESS EXPENSE REPORT

Department: _____ Name: _____

Position: _____

DATE	LOCATION	PURPOSE (Names/Titles of any individuals for whom costs were incurred and justification for expense.)	AMOUNT
		TOTAL	$0.00

Account No.: _____ Account No.: _____

Account No.: _____ Account No.: _____

_____ _____

Employee Signature Date

Approved by: _____

_____ Date

Form 103 7/18/00